| Under the Paper Reduction Act of 1995, no   | persons   | are required to respond to a collection   | on of inform    | nation uni | less it displays a valid OMB control number.   |
|---|-----------|---|-----------------|------------|--|
|   |           | Application Number  | 10/680,         | 886        |  |
| TRANSMITTAL   |           | Filing Date   | October 8, 2003 |            |  |
| FORM  |           | First Named Inventor  | Tanaka          |            |  |
|   |           | Art Unit  | 2883            |            |  |
| (to be used for all correspondence after initial filing)  |           | Examiner Name   | Eric K. Wong    |            |  |
| Total Number of Pages in This Submission  |           | Attorney Docket Number  | 693.007         | 7          |  |
| ENCLOSURES (Check all that apply)   |           |   |                 |            |  |
| Fee Transmittal Form  | П         | Drawing(s) ( pages)   |                 | П          | After Allowance communication to (TC)  |
| Fee Attached  | lП        | Licensing-related Papers  |                 |            | Appeal Communication to Board of   |
| X Amendment / Reply   |           | Petition  |                 |            | Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| After Final   |           | Petition to Convert to a  |                 |            | Proprietary Information  |
| Affidavits/declaration(s)   |           | Provisional Application<br>Power of Attorney, Revocation<br>Change of Correspondence Ac | trinee          |            | Status Letter  |
| X Extension of Time Request   | $   \Box$ | Terminal Disclaimer   |                 |            | Other Enclosure(s) (please identify below):  |
| Express Abandonment Request   |           | Request for Refund  |                 |            | 55517,   |
| Information Disclosure Statement  | lΠ        | CD, Number of CD(s)   |                 |            |  |
|   |           | Landscape Table on CD   | )               |            |  |
| Certified Copy of Priority<br>Document(s)   | TRO       | narks   |                 | <u> </u>   |  |
| Reply to Missing Parts/<br>Incomplete Application   | Liver     | IIIINS  |                 |            |  |
| Reply to Missing Parts under<br>37 CFR 1.52 or 1.53   |           |   |                 |            |  |
| 37 OT (1.32 VI 1.33 )   |           |   |                 |            |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  |           |   |                 |            |  |
| Firm Name Boyle Fredrickson Newholm Stein & Gratz S.C.  |           |   |                 |            |  |
| Signature and M   |           |   |                 |            |  |
| Printed name Jay G. Durst   | ,         |   |                 |            |  |
| Date  | 8/0       | 7 7   | Re              | eg. No.    | 41723  |
| CERTIFICATE OF TRANSMISSION/MAILING   |           |   |                 |            |  |
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |           |   |                 |            |  |
| Signature   | 7         | <del>\</del>  |                 |            |  |
| Typed or printed name Thomas P. Vita  | .lr       | · · ·   |                 |            | Date 1/8/2007  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the This collection of imminishing is required by 37 CH-11 has entiremation is required to occasin of return a zurnium by the placific which is the USPTO to proceed an application. Confidentiable is possible to 55 to 10 and 57 CR-11 and 11.4. This collection is estimated to lace 2 hours to complete, including gathering, preparing, and submitting the completed application from better USPTO to complete, including gatherins of the amount of time you required to complete this form and/or suggested on the USPTO contains on the amount of time you required to complete this form and/or suggested on the USPTO contains on the amount of time you required to complete this form and/or suggested on the USPTO contains of the USPTO complete the CONTAIN of the USPTO contains the USPTO complete the USPT Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1459, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

In you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Typed or printed name Thomas P. Vita, Jr.